

SOCIAL SECURITY ADMINISTRATION

Request for Verification of Immigration Status in SEVIS Record

FOR SSA USE ONLY Fax to DHS-LOSISV: 1-3	877-813-4494
☐ F-1 ☐ J-1 ☐ M-1 (For EAD c	ases, send to local DHS office not LOS ISV.)
Name: (LAST - First - Middle)	
SEVIS Number: N –	
Attachments - You must fax all of the following three items with this cover sheet:	
 Form G-845 (page 1 only) and Form I-20 A-B or DS-2019 (first page only) and Form I-94 ** Do not send any other documents – may slow down fax and/or LOS ISV may not process. ** 	
Requested by:(Name - Print or type clearly)	Date:
Signature:	Telephone:(include area code)
Title: (CR, SR, DM, etc.) .	SSA Fax:(include area code)
NOTE: If you do not receive a response from LOS ISV within 3 to 5 work days, call 213-894-2564, 213-894-8937, 213-894-6183 or 213-894-6341 to determine when you will receive a G-845 response. You must receive a paper response. Telephone verification alone is not acceptable.	

As a duly accredited representative of the Social Security Administration, I hereby certify, by my signature, that the review of this record is on behalf of the agency I represent, and is for official United States government use only. All information extracted or obtained will be handled in accordance with its classification. I further understand that Student and Exchange Visitor Information System (SEVIS) records are subject to the Privacy Act of 1974. The Department of Homeland Security considers the information provided by the file subject privileged. SEVIS records are not public records. As a recipient of this information you are responsible for the protection of the file subject's privacy. Do not release SEVIS information to other entities without the authorization and consent of the Department of Homeland Security.

DEPARTMENT OF HOMELAND SECURITY

Response to SSA Request

FOR DEPARTMENT OF HOMELAND SECURITY USE ONLY

Attached is a completed G-845.